



May 12, 2009

Division of Water, Surface Water Permits Branch
ATTN: Mr. Erich Cleaver
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: KPDES No: KY0049557

Dear Mr. Cleaver:

In reference to your request, the wastewater treatment plant located at Lookout, Kentucky has been inactive since December 31, 2004. Documentation for the given date can be found on the last DMR report on record.

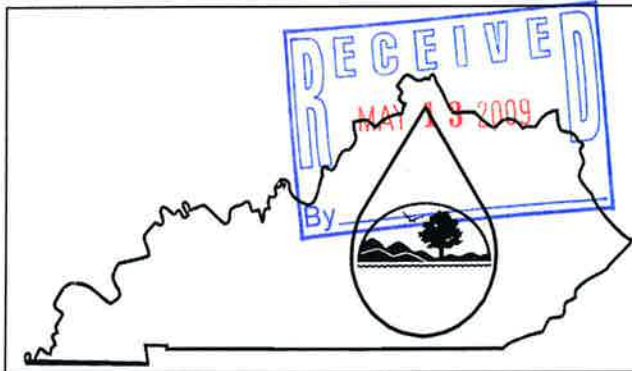
Should you have further questions or concerns please feel free to contact me at (606)754-7077 or via email at erdil.looney@westcare.com.

Sincerely,

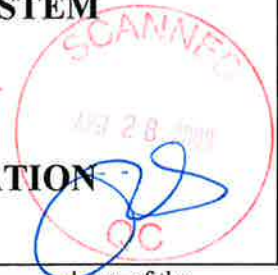
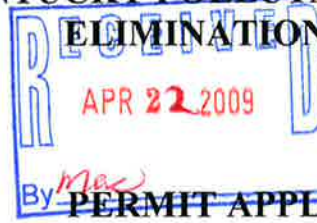
Erdil Looney
WestCare Kentucky
Area Director

KPDES FORM 1

AZ 35311



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

100-CK

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0049557
A. Name of Business, Municipality, Company, Etc. Requesting Permit <i>West Cave Kentucky, Inc.</i>			
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name: <i>West Cave Kentucky Judicial Center</i>		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
<i>Women and Children's Facility</i>		<i>Erdil Looney Area Director</i>	
Facility Location Address (i.e. street, road, etc., not P.O. Box): <i>Highway 195</i>		Mailing Address:	
<i>Lookout, Pike County, Ky 41522</i>		<i>10657 Elk Horn Creek</i>	
Facility Location City, State, Zip Code: <i>Lookout, Pike County, Ky 41522</i>		Mailing City, State, Zip Code: <i>Ashcamp, Ky 41512</i>	
D. Owner's name (if not the same as in part A and C): <i>Richard Steinberg</i>		Facility Contact Telephone Number: <i>(606) 754-7077</i>	
Owner's Mailing Address: <i>900 Guerdine Las Vegas, NV 89119</i>		Owner's Telephone Number (if different): <i>(502) 290-385-2090</i>	
II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: <i>Residential Substance Abuse treatment Facility</i>			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:		<i>Residential Alcohol & Drug Addiction Rehabilitation</i>	
Other SIC Codes:		<i>8069</i>	

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: <i>Pike County</i>	City where facility is located (if applicable): <i>Lookout, Ky 41522</i>
C. Body of water receiving discharge: <i>Marrowbone Creek (mile 6.3)</i>	
D. Facility Site Latitude (degrees, minutes, seconds): <i>37° 18' 47.99" N Latitude</i>	Facility Site Longitude (degrees, minutes, seconds): <i>82° 28' 14.99" W Longitude</i>
E. Method used to obtain latitude & longitude (see instructions): <i>Topo Map</i>	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
	Sanitary Water	0.006 MGD	Airexia	2-F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony		<input type="checkbox"/> Copper		<input type="checkbox"/> Silver	
<input type="checkbox"/> Arsenic		<input type="checkbox"/> Lead		<input type="checkbox"/> Thallium	
<input type="checkbox"/> Beryllium		<input type="checkbox"/> Mercury		<input type="checkbox"/> Zinc	
<input type="checkbox"/> Cadmium		<input type="checkbox"/> Nickel			
<input type="checkbox"/> Chromium		<input type="checkbox"/> Selenium			

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
NA		

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	3.00	1.50	1/Quarter
TOTAL SUSPENDED SOLIDS	3.00 lb/day	1.50 lb/day	1/Quarter
FECAL COLIFORM	400	200	1/Quarter
TOTAL RESIDUAL CHLORINE	ND X		
OIL AND GREASE	Request Variance		
CHEMICAL OXYGEN DEMAND		< 7mg/l	1/Quarter
TOTAL ORGANIC CARBON	Request Variance		
AMMONIA	0.20	0.20	1/Quarter
DISCHARGE FLOW X			
PH	9 units	6 units	1/Quarter
TEMPERATURE (WINTER)	Request Variance		
TEMPERATURE (SUMMER)	Request Variance		

B. Frequency and duration of flow:

Daily

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Erdi Looney Area Director	(666) 754-7027
SIGNATURE	DATE
Erdi Looney	4/2/09

